

## PRESIDENTIAL ADDRESS\*

JOHN A. HARTWELL

Before presenting the report of the activities of the Academy during the past year, I wish to express to you my very great appreciation of the honor that you have done me in electing me to the Presidency for a second time. The Academy has reached such a predominant position of influence that this is an honor one cannot accept without a deep sense of responsibility.

In addressing you two years ago I voiced the hope that whatever qualifications I possessed for this office might be stimulated to the utmost by the example of the Fellows. That hope has been fully realized. There are now over two hundred Fellows who are actively engaged in rendering service to the Academy, and through the Academy to the community.

Without exception, the Administration has never failed to get coöperation from any Fellow upon whom it has called; and the call, in many cases has been for continued, hard work.

I wish to express to you my personal thanks as well as those of the Council for this response and in the presentation of what has been accomplished during the past year and what our aims are for the future, I trust that you will find ample repayment for the very active support you have given. I have previously said that there lies in the New York Academy of Medicine an influence upon the practice of medicine which will be far reaching. My two years of closer association with the activities of the Academy have convinced me that I had only visualized a small part of what may be accomplished. It has been my privilege to work with nearly every one of the committees and many

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\*Delivered at the Annual Meeting of the Academy, January 7, 1931.

of the individual Fellows; and from them I have learned much concerning the inherent force in this institution.

Every undertaking must have a leader. The Academy can and should be the leader in the betterment of medical practice in every way that offers itself. Much fear is at present expressed that the doctors are losing control of their own destiny; that lay bodies and the State are tending to become our dictators and that our freedom of action is being taken from us. If there be any ground for such fear, this Academy is so situated that it can accept the challenge and demonstrate the ability of the medical profession to shape its own course on a road of sound endeavor.

The formal reports of the Council and the various committees cannot fully translate into words the initiative, the study and the planning that are behind this work; and it is these, in the end, which will solve our problems. The practice of medicine has not escaped the disturbing influences which are appearing at this time, in all human activities. A reading of books, magazines and the daily press only too surely demonstrates that almost everything of the accepted order is under attack. There is abroad a spirit of skepticism and unrest. If one analyze this trend, as far as the practice of medicine is concerned, certain outstanding factors are brought to light. The knowledge of biological processes has advanced and is advancing more rapidly than it can be assimilated and applied to the complex matter of maintaining good health and restoring it when lost. The laity are impatient at this. Knowledge of vitamins and endocrines should, in their belief, immediately be translated into good health. Immunity, vaccines, allergy are terms to which great hope is hung, and when this hope fails the doctor is blamed. Promising leads are exploited and fail. Therapeutics become disordered and fashions of treatment follow one another in rapid succession, often with insufficient factual basis and not infrequently because of a very clever commercial propaganda which offers the laity and the doctor a wholly unjustified

hope. Every physician is driven into limiting his activities to a comparatively small field. Even then he constantly finds himself faced with problems of public and individual ill health which tax his resources and to which he finds great difficulty in applying accepted facts which the scientific investigators have established. To meet this situation he constantly is confronted with the necessity of calling to his aid other doctors. Thus the specialist was called into existence and, once created, the growth of specialism has been rapid and largely uncontrolled. It is now necessary to review this situation and place the practice of the various specialties in the hands of men who are competently and completely trained. As will develop later, the Council and its various committees have given much consideration to this problem and are making definite recommendations to the Academy for adoption.

Critics of the medical profession call attention to the fact that there exist in organized medicine no means by which the patient is able to be well guided in the selection of his physician. Reasons for this are partly the responsibility of the doctors and partly of the patients. It is true that as at present organized, the State licenses a practitioner of medicine and thereafter exerts no control over him whatever, unless he be guilty of a felony. He is at complete liberty to undertake the care of any type of patient and to institute any therapeutic measure that he deems advisable. If the public, therefore, is to be served in the best way, it is necessary that it should have information that will permit the selection of a physician who is fully fitted to meet its requirements. The furnishing of this information would seem to be a function of the profession itself. Some thought has been given to this matter by the Council but, as yet, no satisfactory procedure has evolved and the Council has been unwilling to take any action. Further study of this complex problem ought to yield very definite results, in setting up some sort of a clearing house where such information may be readily obtained. To some of us, the Academy seems to be ideally fitted to undertake this function and it is the hope of your

President, at least, that such an end may be accomplished. The responsibility of the patient in this matter, lies in the fact that individuals are more often than not curiously unintelligent in the selection of a doctor. The chance remark of some friend or mere acquaintance quite often determines this choice. Moreover, the patient or his friends not infrequently make a diagnosis of the illness and if, in their opinion, this chances to fall in a special field, they seek out someone of whom they have heard, often in a very indirect way, as being a specialist.

One solution of these difficulties would be a return to an earlier practice, when every family had a definite medical advisor who was trained in the field of general medicine, with a sufficient knowledge of special fields to know when the condition would be benefited under the care of a specialist. Unfortunately this man, the family doctor, has gradually been crowded to the wall somewhat, by the uncontrolled development of specialism. Careful observers, happily I believe, see a swinging of the pendulum and express the opinion that the man of general, sound information, engaged in the care of entire families, is beginning to play a more important part in the scheme of things, than has been the case in recent years.

Many publications, both by members of the medical profession and the laity appear at the present time more or less strongly urging the necessity of State and Federal control of the practice of medicine. A careful study of much of this fails to impress one with the belief that the argument is carefully thought out. There can be no gainsaying the fact that, in the last analysis, the health of the community and of the individual is a matter of public concern in which every individual whether well or ill, has an active and definite interest. It cannot be denied that illness, as such, is a charge upon the entire community, directly or indirectly; that enormous sums of money are expended in an effort to maintain good health; and that, under ideal conditions, this amount could be greatly reduced. The State already has a very active part in this

work; and we believe, many statements to the contrary notwithstanding, that the medical profession as a whole, is solidly behind the State and Federal government in every effort to diminish individual or public ill health.

The accusation is made that the individual doctor is little concerned with this endeavor and the more cruel accusation is made that his unconcern is stimulated into active opposition because of the fear of financial loss.

It is true that many doctors, because of the lack of proper emphasis in the medical college curriculum, have not developed a broad view of the possibilities of preventive medicine and the public health as entities. To say, however, that they are not interested in these things and that they place themselves in opposition to real progress because of an ulterior motive, is, I believe, far from the truth. If organized medicine oppose itself, at the present time, to governmental control of the practice of medicine, it does so only because it is not convinced that either individual or public health would be, thereby, conserved.

Doctors are fully informed as to the increasing interest of the State and Federal Government in these fields. They are seriously concerned in having this interest encouraged and made more efficient. They, however, believe that this latter can only be accomplished by a carefully studied, evolutionary development and not by any sudden jumping into a complete State control of all medical activities, in which the doctor becomes, in a large measure, an employee of the State with the personal relation between him and his patient reduced to a minimum.

The British Medical Association states that it has been giving serious consideration to this problem for thirty years. It has evolved a plan, for use in Great Britain, which was published as a supplement to the British Medical Journal of April 26, 1930. The hub upon which this entire plan centers is the increased importance of the family doctor. Whether the patient be entirely independent and financially able to bear the full responsibility and cost

of illness, or whether he be at the other end of the social scale, the relation between the doctor and patient shall be personal and individual, without the intervention of any third party. The report states that

"the medical service of the community must be based on the provision for every individual, of a general practitioner or family doctor" . . .  
 "Insofar, however, as the individual doctor can promote the prevention of disease, this can best be secured by associating every general practitioner with the general health service and emphasizing on every possible occasion the fact that there is no real line of demarkation between the preventive and curative branches of professional work" and  
 "that a satisfactory system of medical service must be directed to the prevention of disease no less than to the relief of individual sufferers."

I believe that organized medicine in this country will be found entirely in accord with these statements and that it will fully coöperate with governmental agencies in putting them into effect. The problem, however, is too complex to permit of a sudden transition from long established custom to a revolutionary change that would be in need of constant revision.

It is my belief that there are forces in the New York Academy of Medicine that can very materially help in the advance of further wise control of the practice of medicine by the State. But I also believe that the Academy will stand firmly against being stampeded into something that does not give complete promise of success and that will make the practice of medicine a politically controlled profession, with all the evils that may thereby result. Our present course of bringing the State, the County and the municipal departments of health into active coöperation with the doctor in private practice is a wise one and has the encouragement of organized medicine. The anti-diphtheria campaign, carried on by the five County societies and the New York City Department of Health, proved most successful and is a striking example of the proper way to proceed in using governmental forces in the practice of private and public medicine.

It is stated, and with much reason, that under the present regime it is only the favored few in the medical pro-

fession who have the opportunity to develop to their fullest ability. It is well accepted that teaching, with the associated hospital and out patient training under proper supervision and the opportunity for guidance in research problems are potent factors in forming the leaders of our profession. Under our present system these opportunities are available only to a certain number and it is the man of unusual initiative, or who is placed in a position of advantage over his fellows, who is able to get these opportunities in full measure. The rank and file of the profession find them so difficult to obtain that they can neither afford the time nor the energy to enjoy them. The situation is this:

Approximately one hundred million dollars is invested in this city in the conduct of undergraduate medical education and the associated research that goes with it. This education carries the prospective physician to the point of receiving his medical degree and his licensure by the State. Thereafter there is no requirement that his education should be continued except as he gain it from day to day in his daily activities, without supervision. As stated, the fortunate few become associated with the teaching institutions and the well organized hospitals where their opportunities for educational advancement are great. It is with those less fortunately situated that we should be concerned.

It seems economically unsound to expend such sums of money in bringing the young man to the door of the medical profession and then, at the most crucial period in his career, let it be a matter of chance as to whether or not he shall be further developed to the maximum of his ability and placed in a field where this ability may be the best utilized.

New York City is unequalled in the opportunities afforded in our various institutions for carrying on the continued education of the doctor. These are not well organized; they are utilized only in small part and are largely going to waste because no one has given serious consideration to their development or to the responsibility

of making them available to a much greater number of the medical profession.

Through its Committee on Medical Education, the Academy has instituted a beginning in their utilization by studying the facilities that are offered and organizing them so that some instruction under proper supervision can be given. It has already succeeded in interesting fifteen of our hospitals in these problems and a willingness is shown to give additional opportunities for training in the various fields. This, we hope, is the entering wedge. If we are successful in procuring the necessary funds, the New York Academy of Medicine may well become a Foundation in the continued education of the medical practitioner.

This would be accomplished by making the facilities for such education in our many institutions fully available to the practitioner under conditions of which he could readily take advantage. There is general knowledge that in too many instances the internes in the hospitals are looked upon as aids to the routine work in the hospital with little appreciation of the fact that they should receive constant instruction as the future doctors on whom the people depend.

This is a situation that calls for action and could easily be rectified under proper stimulus. If these various changes can be put into effect there would result a betterment of medical practice both in and out of the hospitals as applicable both to the individual and the public.

It is estimated that this will require an additional \$100,000.00 a year. Our goal, therefore, is a Foundation of \$2,000,000.00, approximately 2 per cent of the amount invested in the not more important field of undergraduate teaching.

This is the thought which has stimulated Dr. Linsly Williams, the Director, to push forward with the energy and vision that he has shown during the six years of his administration. He has convinced me that the idea is sound; and the attitude of the various committees that are



taking part in this programme, and the discussion in the Council evidence the fact that the thought is gradually taking shape in all our minds.

We are accustomed to think of the Academy of Medicine as being a library for the benefit of its Fellows, and to a lesser degree, for the medical and lay public; as a place where active medical education is being pushed forward by the Sections; the Academy lectures; the Graduate Fortnight; and a place from which study, guidance and advice on public health problems emanate. The time has now arrived when the New York Academy of Medicine is prepared to broaden its activities in all these fields and to make a serious effort to coördinate outside institutions and individuals in attaining the one aim; namely, to place the science and practice of medicine in this district upon the highest possible plane.

This does not mean that the Academy itself shall be an educational institution or a research body. These belong properly and much more beneficially to the universities. The Academy, however, composed as it is in its Fellowship of the very men who are doing this active work in the universities and in the highly organized hospitals, is in an excellent position to move along the lines indicated with real success.

Our activities during the past year will be detailed to you in the various committee reports and the full report of the Council will appear in the Annual Report. I shall therefore confine myself to emphasizing only those things which have a bearing upon this general development.

Through the Committee on Gifts and Bequests and the special interest of certain of the Fellows, a donation of three hundred and fifty thousand dollars has been promised by Mr. Edward S. Harkness, contingent upon the raising of a four hundred thousand dollar new endowment prior to July 1, 1931. The Council has expressed its very great appreciation for this generosity and further reports that an additional endowment of twenty-five thousand dol-

lars has been made from the estate of the late Mrs. Clinton B. Wagner; ten thousand dollars from Dr. Emanuel Libman for the creation of the William S. Halsted Fund, the income to be used for the purchase of books or for lectures on surgery; of the further generous bequest of ten thousand dollars from the late Dr. James B. Clemens, who for many years was an active member of the Committee on Public Health Relations; and bequests of five hundred dollars each from Dr. Seth M. Milliken and Dr. E. H. Arnold. Finally the Council acknowledges its great indebtedness to an anonymous friend for a donation of fifty thousand dollars toward the general endowment.

These various gifts all go toward the contingent four hundred thousand dollars; and conversations which have been held with representatives of several of the Foundations give us the hope that, with continued effort, we will be successful in meeting the terms of Mr. Harkness' gift.

The Council, at its last meeting on December 17, 1930 showed its confidence in this success by authorizing the appointing of a building committee to take up the question of plans for the construction of the new four story addition to be placed over the auditorium extension. Dr. Arthur B. Duel has been named Chairman of this Committee, with Drs. Alfred E. Cohn, John A. Hartwell, Archibald Malloch, Walter L. Niles, Eugene H. Pool and Linsly R. Williams. York and Sawyer, architects of the present Academy, have been selected as architects for the addition. The main room of this addition is beautifully conceived as the home of our incunabula and rare books, where these may be properly exhibited, studied, and made of living value to the Fellows. Above this will be placed very much needed additional conference and office rooms.

The Committee on Medical Education, as already intimated, has been particularly active during the past year. The Graduate Fortnight was the most successful held up to the present time. The attendance was not only the largest but also the most enthusiastic. Very much favorable comment by educators throughout the country has

been received and it is believed that this exercise will prove of increasing value, year by year. This Committee has taken the lead in studying the problem of specialism and the education and qualification of specialists. A sub-committee under the chairmanship of Dr. Carl Eggers has been engaged in the work for nearly two years and in association with the Committee on Sections, the Committee on Admissions and interested Fellows, a concrete plan was presented to and adopted by the Council at its meeting on December 17, 1930. The Council will later submit proposed changes to the By-Laws which, if adopted by the Fellowship, will make the plan operative.

The proposals have two definite aims. First, to stimulate the activities of the members of the Sections by a form of promotion, and second, to lay down qualifications in the various specialties which will have the approval of the Academy. Conformation to these will qualify a Fellow in the given specialty, and the Academy thereby becomes his sponsor as competent in training and experience to practice such specialty. Ultimately a way may be found whereby doctors, not Fellows of the Academy, may be so certified and thus the public be informed as to fully qualified specialists throughout the city. The details of the proposal will be published in the Bulletin and only a summary is given here.

It is proposed that two classes of membership be created in the Academy to be known as "Members" and "Fellows." A doctor, being elected to membership becomes a "Member," qualifications for Members to remain the same as the present qualifications for "Fellows." Upon election a Member shall be assigned to the Section of his choice. Each Section, through its Advisory Committee, shall set up, with the approval of the Council, qualifications to which a member must conform if he desire to be promoted to Fellowship and designated as Fellow in that particular specialty represented by the Section. For example: Fellow of Internal Medicine, or Fellow in Gynecology, etc. In general the qualifications required shall be similar to

those set up by various national associations and societies in the special fields.

A Fellowship Committee, corresponding to the Committee on Admissions shall be elected from representatives designated to the Nominating Committee by each of the Sections. When a Member of any Section shall have submitted to the Advisory Committee of his Section sufficient evidence that he has met the qualifications approved for Fellowship in that Section, his name shall be submitted to the Fellowship Committee in the same manner as applicants for membership are submitted to the Committee on Admissions. If the Fellowship Committee approve of the recommendation the Member shall be voted upon by the Academy as a candidate for Fellowship of the New York Academy of Medicine in that branch represented by the Section recommending him for Fellowship. Any present Fellow of the Academy will have the privilege of being also designated if he so desire, in the same manner. If approved by the Fellowship Committee and by the Council, he shall become Fellow in the particular specialty, without further action by the Academy as a whole.

By the adoption of the proposed changes the Academy will take a definite step toward real organization in the matter of specialism. And if our programme for continued education eventuate there will be provided the facilities whereby the candidate for specialism may properly receive adequate training under competent supervision.

The Committee on Public Health Relations has continued the same splendid, active course for which it has had a well merited reputation over many years. It is doing splendid work in the study of puerperal mortality, under the direction of Dr. Ransom S. Hooker; in coöperating with the State for improvement of the working of the Workmen's Compensation Act; in carrying to a successful conclusion the establishment of the Blood Donors Betterment Association; and in this connection, the adoption of rules by the Board of Health which will require the medical supervision of all donors. It has set up the National

Committee on Nomenclature to which the Academy acts as host and of which Dr. H. Burton Logie is Executive Officer.

The Press Relations Bureau, with Dr. Iago Galdston at its head, has become a very active and influential organization. Gradually it is building up a relation between the medical profession and the press which is proving to be most helpful in getting proper information on medical subjects before the general public. The value of this work is only beginning to be apparent but the interest shown in it by all concerned is proof of its importance; and the Council believes that the success of this undertaking is worthy of special emphasis. These various activities have been made possible by donations from the Carnegie Foundation, the Commonwealth Fund, the Milbank Fund and the Altman Foundation, for which the Council expresses its sincere thanks.

The Committee on Professional Standards has continued its interesting and very valuable work during the year. It has been my privilege to take part in its deliberations and I am greatly impressed by the broadminded, careful and fair analysis that is made of every problem presented to it. This Committee should, in no sense, be considered as a body of censure. Its only purpose is to have a careful, deliberative group before which may be placed the complex, difficult problems that are constantly arising in the practice of medicine and which, if not given due consideration, may lead to undesirable ends. You have been informed already of the action of this Committee in endeavoring to exert further influence against the practice of fee-splitting. The Council gave very serious study to the recommendation relating to this matter and finally decided to call the attention of every candidate for admission to the Academy to the unethical and immoral aspects of this practice. By such careful educational means it is hoped that, ultimately, progress may be made in stamping it out.

Any young man, desirous of enjoying the privileges of

the Academy will be fully apprised of the impossibility of doing so if he become a party to this practice, and while complete proof of such is difficult to obtain, those who are guilty of it are, as a rule, not unknown to their associates.

Allusion has already been made to the hope which we have for the enlargement of the Library and it is with satisfaction that we report a very steady growth of the Library itself. The accession of books and reprints is constant, many of them through the generous gifts of the Fellows. By means of those not needed for our own stack, we are able to carry on a very extensive exchange library with other institutions, and in many cases have made valuable donations of our triplicate volumes to libraries less fortunately situated. Special donations to the Library amount to \$1090, \$840 of which was expended for the purchase of books, and \$250 was given for the purchase of a portrait of Hippocrates on china by the artist Anker. A complete list of all gifts appears in the appended report.

The Council is glad to report that there has been a very active coöperation on the part of the Sections and the Programme Sub-Committee of the Committee on Medical Education with Dr. Samuel Kopetzky as Chairman. The institution of an Advisory Board to each Section has proved increasingly useful and the Chairmen of the Sections have met on several occasions under the Chairmanship of a Vice-President, Dr. Lewis A. Conner, and have taken a very active part in inaugurating changes of real value. Under these various groups the work of all the Sections is becoming constantly an increasing influence in the education of the practitioners of the city.

The Council now has under consideration a plan whereby the procedures of the various Sections may be published in a yearly volume or in an enlarged Bulletin. This, however, can only be accomplished as a part of our enlarged programme when the funds for this are available.

The Council records its satisfaction in having elected as

benefactors, because of material aid given to the Academy, Mrs. Kate Macy Ladd, Mrs. Marcia Brady Tucker, and Mr. Carll Tucker. Jules Bordet, Russell Henry Chittenden, Madame Marie Curie, Ernst Fuchs, Sir Frederick Gowland Hopkins, René Leriche and Sir Thomas Lewis, upon the recommendation of the Committee on Honors, were elected to Honorary Fellowships. Upon the recommendation of the same Committee, the Academy Medal in gold was awarded to Dr. Carl Koller for his work in inaugurating the use of cocaine as a local anæsthetic.

To summarize, we have had a year of unusual activity in actual accomplishment and in thoughtful and wise planning for the future. In all these there appears an approach to our ultimate goal. This goal is to make of the Academy of Medicine an institution whose influence in the betterment of the practice of medicine shall be wise, forceful, and widely operative.

Rendering aid to every physician in the solving of his advanced educational problems, whether or not he be a Fellow, falls within our province. Making the best that the practice of medicine affords available to every patient is not beyond our hope and this conception is broad enough to include the individually sick and the health of the public.

It is to this task that your Administration again calls you and with full confidence that the call will find enthusiastic response and wise guidance at your hands.